

MARYLAND AFFORDABLE HOUSING TRUST

Application for Funding

7800 Harkins Road, Lanham, MD 20706

Forty-Seventh Funding Round – SFY23

Application Due on **Thursday, September 8, 2022** submit via email to
MAHT.DHCD@maryland.gov

**PLEASE REVIEW ALL PROGRAM GUIDELINES FOUND ON MAHT'S
WEBSITE BEFORE SUBMITTING APPLICATION.**

(INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED, APPLICATION MUST BE SIGNED)

<https://dhcd.maryland.gov/HousingDevelopment/Pages/maht/default.aspx>

1. Applicant Identification

Applicant: _____

Address: _____

City: _____ State _____ Zip: _____

Phone: _____ Federal I.D. or Social Security Number: _____

Email: _____ Website: _____

Executive Director/CEO: _____

Contact Person for Award Notification: _____

I, the _____ / _____ (title) of
the organization, am authorized to sign for the applicant and certify that the information contained in this
application is correct and accurate.

Signature _____ Date _____

2. Funding Request

MAHT amount requested: (a)\$ _____ Total project cost (b)\$ _____
(NOT TO EXCEED \$75,000)

TENURE TYPE (choose below)

For rental or homeownership capital projects, grants
awarded ≤\$15,000, loans for >\$15,000

____ Rental

____ Homeownership (MAX 15K per unit)

____ Homeownership Occupied Rehab (MAX 15K per unit)

ACTIVITY TYPE (choose below)

____ New Construction

____ Rehabilitation

____ Acquisition

____ Pre-Development

____ Operating Assistance

____ Capacity Building

____ Self-sufficiency/Support Services

3. Project Identification

Project name: _____

Address: _____ County: _____

City: _____ State: MD Zip: _____

State Legislative District Number: _____ Congressional District Number: _____

If multiple sites, provide addresses and legislative districts for site.
Please attach a location map and site description **(ATTACH AS ATTACHMENT A)**.

4. Housing Units

The project consists of _____ total housing units*, of which _____ will be funded through MAHT.

Of the MAHT funded units _____ will be affordable to households with incomes at or below 30% of the area median income (AMI), and
_____ will be affordable to households with incomes between 31% and 50% of AMI

Population to be served: _____ Families with minor children
_____ Seniors
_____ Single Adults
_____ Other (list) _____

Number of years MAHT units will be committed to serving population above _____
(minimum 15 years)

FOR RENTAL PROJECTS ONLY, List monthly rents per unit by bedroom size

	In the development	Funded by MAHT
0 BR units		
1 BR units		
2 BR units		
3+ BR units		
Single Room Occupancy units		
Total		

FOR HOMEOWNERSHIP PROJECTS ONLY, List sales price of homes

* For SRO, Emergency Shelters, etc, UNITS will be the number of beds funded.

5. Site (limit of 250 words): Describe area in which the site is located, including types and condition of housing in the area; availability of public transportation; location of schools, shopping and employment centers, information on crime and other information relevant to the site.

6. Project Readiness and Site Information

Identify form of site control: _____

If no site control, please explain: _____

Is site properly zoned for your development? _____

Attach evidence that the site is properly zoned for the proposed use or if a variance or exception is required, evidence that a request has been filed and a hearing date has been scheduled.

Will you own the property directly? _____

If property is to be owned by related entity, please provide name of entity and specify relationship (e.g., subsidiary corporation or partnership of which applicant is general partner)

(name of entity and relationship) _____

PLEASE NOTE: ENTITY OWNING PROPERTY MUST ALSO BE AN APPLICANT

Are there liens or other encumbrances on the property that must be cleared by allocating funds to them? _____ If YES, what are they? _____

Have you obtained:

IF NO, WHEN?

Blueprints ¹	_____	_____
Zoning changes	_____	_____
Building permits	_____	_____
Utility hookups	_____	_____
Environmental report	_____	_____
Commitments from service providers	_____	_____

¹ Also attach copies of unit floor plans

Is the construction company bonded? _____

Will the project require any displacement of current occupants? _____

If yes, will you compensate or relocate those who are displaced? _____

Describe your proposed plan for relocation assistance:

Please attach copies of supporting documents – evidence of zoning, deeds, permits, leases, options, sales agreements, etc. Projects requesting assistance for homeownership (rehab or acquisition) must include a current Home Inspection Report **(ATTACH AS ATTACHMENT B)**

7. Provide a description of the project and the gap that MAHT funds will be filling (limit 250 words)

8. Need for MAHT funding (limit of 250 words): Describe the specific need for MAHT funds for the proposed housing project, e.g. why is there a funding gap? Please describe the need for the total project and the existing housing and economic conditions for the project. Explain how the number and type of units to be provided will address the need.

ATTACH: corroborating information, such as: budget and financing information indicating gap in funding, appraisal, market study, waiting list, etc. (ATTACH AS ATTACHMENT C)

9. Community involvement (limit of 250 words): Explain how long and in what manner the applicant has served the community in which the project will be located. Also describe any support the proposed project has received from local political officials, community groups, potential project residents and residents who live near project site.

ATTACH:copies of any evidence of local support for the project (ATTACH AS ATTACHMENT D).

10. Work schedule: Use anticipated or actual calendar dates. Be sure to include dates of initial closing, construction start and substantial completion.

<u>Activity</u>	<u>Anticipated completion date</u>
Financial Commitment for funding sources	_____
Initial closing date	_____
Location survey complete	_____
Preliminary site plan complete	_____
Design, development and pricing	_____
Site plan approval	_____
Construction and bid documents	_____
Engineering plan approval	_____
Final pricing	_____
Building permit	_____
Construction contract	_____
Start construction	_____
Substantial completion	_____
Final completion	_____

11. Applicant ability: 1.) Describe the objective, management structure and staffing of your organization, 2.) Explain your organization's experience and ability to implement and manage low-income housing, 3.) Summarize your prior experience in providing self-sufficiency services for the target population. If a third party will be involved in management or service provision, describe its role.

ATTACH:

- financial statements (ATTACH AS ATTACHMENT E)
- organizational documents or partnership agreement (ATTACH AS ATTACHMENT F)

12. Green Building and Sustainable Housing (limit of 250 words)

Describe how this project addresses green building technologies and how your organization encourages sustainable development. Use criteria from Earthcraft, the National Association of Homebuilders Model Green Home Building Guidelines, U.S. Green Building Council (LEED) criteria or criteria from Green Communities Initiative of Enterprise Community Partners when submitting a response to this section.

ATTACH: Documentation will include checklists using criteria from any of the entities above (ATTACH AS ATTACHMENT G)

13. Maryland Affordable Housing Trust Budget (MAHT dollars only)

MAHT FUNDS REQUESTED (COMPLETE SECTION 7 ALSO)	Amount	
Operating Assistance		
Capacity building		
Self-sufficiency / Support services		
Pre-Development		
Acquisition		
New Construction		
Rehabilitation		
Other (list):		
TOTAL MAHT FUNDS REQUESTED*	(a)	

*(must match total MAHT amount requested in 2(a))

14. Total project development funding

Non-MAHT Funds	SOURCE	*COMMITTED	*APPLIED FOR
Other Maryland DHCD funding			
	Rental Housing		
	LIHTC		
	Transitional		
	Group Home		

Specify agency or programs

Other State govt. funds			
Federal govt. funds			
Local govt. funds and other subsidies			
Private grants			
Private loans			
Applicant's funds			
Other:			
TOTALS	(a)		(b)

TOTAL Non-MAHT COMMITTED AND APPLIED FOR (a) + (b) above: _____

TOTAL MAHT FUNDS REQUESTED from 13(a) or 2(a) _ + _____

TOTAL PROJECT FUNDING FROM ALL SOURCES: \$ _____

(TOTAL PROJECT COST in 2(b) MUST MATCH TOTAL PROJECT FUNDING ABOVE)

Please attach documentation verifying non-MAHT funds including the interest rate, repayment period and other terms governing these funds
(ATTACH AS ATTACHMENT H)

15. USE OF FUNDS

FOR SECTION 15, APPLICANTS ONLY NEED TO COMPLETE THE SUB-SECTION or SECTIONS FOR WHICH FUNDING IS BEING REQUESTED

15A. Operating Assistance request for one (1) year

Operating Assistance for one (1) year

FUNDS	MAHT FUNDS	OTHER COST	TOTAL
Advertising and Marketing	_____	_____	_____
Management Fee	_____	_____	_____
Office Supplies	_____	_____	_____
Office Salaries	_____	_____	_____
Legal Expenses (project only)	_____	_____	_____
Auditing Expenses (project only)	_____	_____	_____
Permits, Licenses and Misc. Taxes	_____	_____	_____
Telephone and Answering Services	_____	_____	_____
Accounting Services and Fees	_____	_____	_____
Other _____	_____	_____	_____
ADMINISTRATIVE TOTAL (from categories above)	\$ _____	\$ _____	\$ _____
Exterminating	_____	_____	_____
Heating & Air Conditioning	_____	_____	_____
Maintenance	_____	_____	_____
Garbage and Trash Removal	_____	_____	_____
Painting	_____	_____	_____
Electrical Repairs & Supplies	_____	_____	_____
Plumbing Repairs & Supplies	_____	_____	_____
Roof Repairs	_____	_____	_____
Grounds Maintenance	_____	_____	_____
Contract and Supplies	_____	_____	_____
Janitorial Supplies	_____	_____	_____
Costs associated with lead-paint reduction or maintenance	_____	_____	_____
Misc. Operating and Maintenance Expenses (please specify)	_____	_____	_____
Other _____	_____	_____	_____
MAINTENANCE TOTALS (from categories above)	\$ _____	\$ _____	\$ _____
UTILITIES PAID BY OWNER	_____	_____	_____
REAL ESTATE TAXES	_____	_____	_____
GROUND RENT	_____	_____	_____
RESERVE FOR REPLACEMENT	_____	_____	_____
OTHER (list) _____	_____	_____	_____
TOTAL	\$ _____	\$ _____	\$ _____

15B. Capacity Building Request

Capacity Building (MAHT funding must be related to the specific housing project named in this application)

Purpose/use of funds:	MAHT FUNDS	OTHER FUNDS	TOTAL COST
TOTAL			

15C. Self-sufficiency / Support services request for one (1) year

Complete all that apply and enter funding amounts anticipated for salaries and other fees related to providing the services to residents in the specific housing project named in this application:

	MAHT FUNDS	OTHER FUNDS	TOTAL COST
Job skills training			
Job search assistance			
Educational courses			
Budget counseling			
Substance abuse/addiction counseling			
Mental health care			
Other health care			
Child care			
Other project-specific costs:			
TOTAL			

The funding requested is for a new position current position:

15 D. Predevelopment request (list \$ amount requested for each category below)

Predevelopment awards are usually made as zero interest, deferred loans which are expected to be repaid when permanent financing is acquired for the project.

Architect Fee	
Design	
Supervision	
Legal Fees	
Packaging/Processing	
Marketing	
Surveys and Soil Borings	
Appraisal	
Environmental Study	
Market Study	
Other (list)	
Total for this section	

15 E. Acquisition, New Construction or Rehabilitation

Residential structures	
Nonresidential structures	
On Site improvements	
Off Site improvements	
General requirements	
Contractor Fees	
*Developer's Fee	
Architect Fee	
Design	
Supervision	
Legal Fees	
Packaging/Processing	
Marketing	
Surveys and Soil Borings	
Appraisal	
Environmental Study	
Market Study	
Total for this section	

General Requirements:			% of Subtotal
Builder's General Overhead:			% of Subtotal
Builder's Profit:			% of Subtotal
Total Project Cost			
PROJECT COST PER UNIT			

*The amount and use of developer's fee will be relevant to the evaluation of the application

16. Legal Documents

The following forms must be completed and attached to all applications:

- **Incumbency Certificate ***
- **Corporate Resolution ***
- **MAHT Assurance of Compliance***
- **Contract Affidavit***
- **Access To Public Records Act Notice And Waiver***

* Instructions and documents are located in file labeled "Round 39 Legal Documents and Instructions" on MAHT's web site.

ATTACH LEGAL DOCUMENTS AS ATTACHMENT I

NOTE: A current Certificate of Good Standing and verification that your organization is compliant with the Maryland Solicitations Act will be required if this application receives funding.

Checklist

Check all items that you have included with this application:

Note: If a subsidiary is an applicant include a second checklist and all applicable attachments relating to the subsidiary. **If a subsidiary will own the property, they must be included as an applicant.**

_____ **Attachment A:** location map/site description

_____ **Attachment B:** deeds, permits, sales agreement, etc., Home Inspection Reports
(now required for homeownership rehab or acquisition)

_____ **Attachment C:** appraisal, market study, housing waiting list, etc.

_____ **Attachment D:** evidence of local support for the project

_____ **Attachment E:** financial statements

_____ **Attachment F:** organizational documents (**must** be submitted) **

_____ Bylaws and Articles of Incorporation

_____ **Attachment G:** Green Building and Sustainable Housing Communities Criteria

____ First optional checklist selected by applicant; _____ Second optional checklist selected
by applicant (if necessary)

_____ **Attachment H: funding sources documentation** (e.g., applicant contribution,
loan documents)

_____ **Attachment I:** legal documents

_____ Board resolution authorizing the application*

_____ Contract Affidavit*

_____ Incumbency Certificate*

_____ MAHT Assurance of Compliance*

_____ Access To Public Records Act Notice and Waiver*

Attachment J: Photos of Project and/or Site Location (if applicable)

* These forms are can be downloaded from MAHT's web site

** A copy of the organization's By-laws and Articles of Incorporation are required to be submitted
with each application.